FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700068824 (6)

SULLIVAN OFFICE SERVICES, INC.

FILED Apr 01 1998 8:00am Secretary of State

COLLIVAR OF THE CENTICE OF THE										
Original Disease Design				Mailing Address						
Principal Place of Business				Mailing Address						
6368 PINEHURST CIRCLE				6368 PINEHURST CIRCLE						
TAMARAC FL 33321			1,5	TAMARAC FL 33321					DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualified 08/07/1997	
2. Principal P	Place of Busi	ness	28.	Mailing Add	Iress				4. FEI Number Applied For	
21				26					X Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					ed \$8.75 Additional	
22			27	27					5. Certificate of Status Desired Fee Required	
City & State			1	City & State					6. Election Campaign Financing \$5.00 May Be	
23			28	28					Trust Fund Contribution Added to Fees	
Zip	Country			Zip Country					8. This corporation owes or has paid the current year Intaggible	
24		25	29		3	0			Personal Property Tax due June 30. Yes No	
	9. Name	and Address of Cur	ent Regist	ered Agent					10. Name and Address of New Registered Agent	
SU	ILLIVAN, KA	ATHLEEN				81	1	Name		
6368 PINEHURST CIRCLE					82 Str			Street Add	dress (P.O. Box Number is Not Acceptable)	
TAMARAC FL 33321							1	Olibel Add	diess (i .o., sox indirioer is indiriocoptable)	
						63	3			
							_	Olt .	[orl 7: 0:4:	
						84	•	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									rporation submits this statement for the purpose of changing its registered alion's board of directors. I hereby accept the appointment as registered	
SIGNATURE										
0.0.0.0.0.0	Signature, type of	d or printed name of registered			(NOTE: F	legistered Ag	jent	signature requ	uired when reinstating) DATE	
12.	1-54	OFFICERS A	ND DIREC	TORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME KATHLEEN SULLIVAN STREET ADDRESS 6368 PINCHURST			NER	ER LI DELETE 1.1 TI					L Change L Addition	
NAME	KATH	LEEN DULLIN	A P	12 NA						
				13 STI				1		
CITY-ST-ZIP	IAMA	RAC, FL 33	321			14 CITY-	\$1-	ZIP		
TITLE						21 TITLE			Change Addition	
NAME						2.2 NAME				
STREET ADDRESS	1							DDRESS		
CITY-\$1-ZIP				2.40 DELETE 31T			SŦ-	-ZIP		
TITLE									L Change L Addition	
NAME						3.2 NAME				
STREET ADDRESS						3.3 STAEE				
CITY-ST-ZIP				——·	FLETE	3.4. CITY-	ŞT-	ZIP	Name of the same o	
TITLE				U	ELETE	4.1 TITLE			L Change L Addition	
NAME						4. 2 NAME				
STREET ADDRESS				4.3 STR					,	
CITY-ST-ZIP			- -				1.4 CITY - ST - ZIP			
TITLE			ĻΙU	DELETE 5.1 TIT				Change Addition		
NAME				5.2 NA				★ ///,		
STREET ADDRESS							DDRESS	/// \		
CITY-ST-ZIP	. <u></u>				ri ree	5.4 CITY-	ST-2	ZIP		
TITLE					ELETË	6.1 TITLE		1	50000247613Bange Addition	
NAME		1				6.2 NAME			-04/02/9801006002	
STREET ADDRESS						6.3 STREE			***158.75	
CITY-ST-ZIP	<u> </u>					6.4 CITY -	ST-	ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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And Post alle

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CR2E034 (10/97)